



STEP 6: EVALUATING MY PROGRAM: IS IT DOING ANY GOOD?

At the beginning of this resource kit we listed reasons for having a worksite wellness program. That list included reduced health care costs, increased productivity, decreased absenteeism and improved employee health and morale. In setting up your wellness program, you need to also think about how you are going to evaluate your program. Evaluation will provide you with information to modify your program to better meet your employee needs and to measure whether employee's attitudes, behaviors and health indicators have changed as a result of your program.

More about Health Risk Appraisals (HRA) What does it mean to complete an HRA?

Workplace health promotion or wellness programs in most settings conventionally ask participants to complete a brief questionnaire that summarizes key individual characteristics and health information through which a statistical estimate of one's overall health risk status can be determined at the beginning of program participation. These questionnaires (or surveys) are often referred to as "health risk assessments."

Most would agree that completion of an HRA alone will not likely result in a significant change in one's overall health risk profile. What most experts recommend is that all HRAs should be followed by specific risk-factor counseling and opportunities to participate in health promotion interventions (like nutrition counseling, organized physical activity, or smoking cessation programs) relevant to the significant modifiable risk factors identified through the completion of an HRA. HRA results, when aggregated in a confidential manner across multiple members of a workplace population, and where HRA results are periodically available from the same respondents, can provide useful and powerful means of tracking the impact of workplace health promotion and wellness programs over time. For this reason, most experts in the field recommend that

HRAs be the fundamental starting point in any workplace health promotion effort and that these measures serve as the primary measuring gauge of program impact and effectiveness.

How do you choose an HRA?

- Set the goals and objectives of using the HRA (i.e. identify high-risk individuals and interventions to help them, improve the health of high-risk individuals, monitor health changes over time, evaluate the effectiveness of interventions over time).
- Decide the specific follow-up actions to be taken (i.e. programming).
- Determine whether or not you would like to process your own HRA.
- Create a short list of possible vendors and select a vendor.

What are the different types of HRAs?

- Self-reported individual focused. Only self-reported lifestyle information is collected. This type of HRA generates a computer printout to an individual and is only as reliable as the information reported.
- ❖ Self-reported and medical data Individual and aggregate focused. Self-reported lifestyle information and medical data are collected. This "comprehensive" HRA outputs individual health scores, aggregate data for employers, and educational support materials. It allows individuals to see the cumulative effects of certain lifestyle risk factors. Biometric data included are the following: cholesterol, blood pressure, percent body fat, BMI, blood sugar, resting heart rate, frame size, height and weight, carbon monoxide testing, prostate specific antigen.

How does an HRA work?

HRAs calculate the probability that a person with certain risk factors will acquire various chronic diseases or die in a given time period. This probability is calculated by comparing your lifestyle information, medical data, and health and family history to people with similar demographics.

Other Types of Evaluation

You can measure process and you can measure outcome (or impact). Both are important and should be used. Process indicators will be easier to measure and will give you quicker feedback on how well your program is being accepted by employees. Examples of process measures are:

- Number of staff enrolled and participating (participation rates).
- ❖ Web site hits
- Observation or counts (ex. track number walking at noon)
- Participant satisfaction (via survey, focus groups, interviews, stakeholder survey, etc.)
- Policy or environmental changes/tracking (compare list of policy or environmental changes from initial site assessment using Worksite Wellness Assessment Checklist with later follow-up at 1 year, 2 years, etc.)

Outcome evaluation can be more difficult and takes longer to show up in your data. Examples of outcome measures are:

- Pre/Post test surveys Can measure changes in attitude, knowledge and current eating, physical activity and mental health status from an initial assessment to completion of a specified program or campaign
- Quizzes
- Physical activity and diet log sheets
- Vending items being chosen (arrange with vendor to track selections/sales)
- Cafeteria menu options
- Health Indicators / reduced risk factors. Comparison of company aggregate screening measures such as blood pressure, cholesterol, body weight, BMI, stress or anxiety/depression, etc. before and after a specified program or campaign.

Corporate costs and return on investment. The expense side, or what it costs to run your wellness program, can be fairly easy to quantify. However, computing savings from reduced health care claims, lost work days or absenteeism may be harder to calculate. Work with your human resources and benefits contacts to determine what can be measured and then setting a "baseline" figure to compare against later.

Outcome or impact evaluation needs to clearly identify the marker being addressed and have the baseline data for comparison to determine the impact or outcome. One example would be to compare last year's absentee rate with the rate after the wellness program is in place or compare the absentee rate for employees actively participating in the program with those that are not. This could also be done with health care claims

SAMPLE EVALUATION TOOL & MEASURES			
SAMPLE PROCESS OBJECTIVES	2005	2006	Change
Number of staff enrolled and participating (participation rates).	200	220	↑ 10%
Company wellness web site hits	10,620	22,000	↑ 107%
Observation or counts (ex. track number walking at noon)	60	75	↑ 25%
Participant satisfaction (via survey, focus groups, interviews, stakeholder survey, etc.)	72%	80%	↑ 8%
Policy or environmental changes/tracking (Use Worksite Wellness Assessment Checklist and compare list of policy or environmental changes from initial site assessment with later follow-up at 1 year, 2 years, etc.)	10 in place	15 in place	↑ 50%
SAMPLE OUTCOME OBJECTIVES	2005	2006	Change
Pre/Post test surveys – Can measure changes in attitude, knowledge and current eating, physical activity and mental health status from an initial assessment to completion of a specified program or campaign.	Average score = 65	Average score = 80	↑ 15%
Quizzes – test of knowledge on various topics	78%	85%	↑ 7%
Vending items being chosen (arrange with vendor to track selections)	25% Healthy choice	35% Healthy choice	↑ 10%
Cafeteria menu options	35% Healthy choice	40% Healthy choice	↑ 5%
Health Indicators / reduced risk factors. Comparison of	BP =140/100	BP = 130/90	₩ ВР
company aggregate screening measures such as blood pressure, cholesterol, body weight, BMI, etc. before and after a specified program or campaign.	Chol = 225 BMI = 30%	Chol = 212 BMI = 29%	∳ 6% ∳ 1%
Corporate costs and return on investment. The expense side, or what it costs to run your wellness program, can be fairly easy to quantify. However, computing savings from reduced health care claims, lost work days or absenteeism	Sick days = 662	Sick days = 604	↓ 9% ↓ 58 days
may be harder to calculate. Work with your human resources and benefits contacts to determine what can be measured and then setting a "baseline" figure to compare against later.	Health Care Claims = \$864,000	Health Care Claims = \$789,000	↓ 9% ↓ \$75,000

Step 6: Evaluation Resources

- 1. <u>Health Improvement: A Comprehensive Guide to Designing, Implementing and Evaluating Worksite programs</u>. Center for Prevention and Health Services Issue Brief. http://www.businessgrouphealth.org/pdfs/issuebrief_nov2004.pdf
- 2. WELCOA Article: Evaluating Your Wellness Program (pages 3-9) http://www.welcoa.org/freeresources/pdf/aa_v5.6_mayjune06.pdf
- 3. Evaluating Comprehensive Workplace Health Promotion http://www.thcu.ca/workplace/documents/EvaluationInfoPackFinalWeb.pdf